APPLICATION FOR THE VEHICLE PASS / STICKER FOR THE STAFF OF THE UOC

1. Name of the Applicant :Rev/Prof./Dr./Mrs./Miss		
2.	Designation:	
	i. Whether permanent or not:	
	ii. If not please mention the date of termin	nation of service:
3.	Faculty/Department/Branch:	
4.	National Identity Card No. :	
••	·	ID card. For Temporary & Visiting Staff, please
	attach a copy of Letter of App	
5.	Address:	,
<i>J</i> .	Address .	
6.	Telephone No. :	
	-	
7.	Vehicle No. :	
8.	Type of the vehicle (Car/Van etc.):	
9.	Name of the Owner of the Vehicle: (Please attach a copy of the vehicle reg	gistration book)
	 If you are not the owner of the veh use the vehicle. No payment to be made for the sta	icle, please submit a formal letter of authorization to
liabl		me is true and correct. I do not hold the University ng the hours I park the vehicle inside the University
		ass to the Student & Staff Affairs branch at the fer/ the change of the ownership of the vehicle.
••••	Date	Signature of the Applicant
Reco	ommendation and the seal of the Dean/He	ead of the Department, DR/SAR of the Faculty:
•••••		